

<i>SERFF Tracking Number:</i>	<i>AULD-126787860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46623</i>
<i>Company Tracking Number:</i>	<i>R525</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>International Facility Rider</i>		
<i>Project Name/Number:</i>	<i>International Facility Rider/R525</i>		

## Filing at a Glance

Company: State Life Insurance Company	SERFF Tr Num: AULD-126787860	State: Arkansas
Product Name: International Facility Rider	SERFF Status: Closed-Approved-	State Tr Num: 46623
TOI: L071 Individual Life - Whole	Closed	
Sub-TOI: L071.111 Single Premium - Single Life Co	Tr Num: R525	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Danita Ragland-Hatton, Debbie Scott	Disposition Date: 08/30/2010
	Date Submitted: 08/26/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: International Facility Rider	Status of Filing in Domicile: Pending
Project Number: R525	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/30/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/30/2010
Deemer Date:	Created By: Danita Ragland-Hatton
Submitted By: Danita Ragland-Hatton	Corresponding Filing Tracking Number:
Filing Description:	
August 26, 2010	

Commissioner of Insurance  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

*SERFF Tracking Number:* AULD-126787860 *State:* Arkansas  
*Filing Company:* State Life Insurance Company *State Tracking Number:* 46623  
*Company Tracking Number:* R525  
*TOI:* L071 Individual Life - Whole *Sub-TOI:* L071.111 Single Premium - Single Life  
*Product Name:* International Facility Rider  
*Project Name/Number:* International Facility Rider/R525

**RE: The State Life Insurance Company**

**FEIN#: 35-0684263 NAIC#: 69116**

**R525 – International Facility and Home Health Care Services Shortened Waiting Period Rider**

Dear Commissioner:

The above rider is being submitted for your review and approval and will not be replacing any previously approved rider. This rider will be issued with form L301(AR) which was originally approved in your state on March 8, 2006 with the Serff Number being SERT-6LZT9C210 and state tracking number 31959. In addition, there will not be a premium charged for this rider.

Form R525 will provide the additional benefit of coverage while in an International Facility on the base policy for qualified long-term care expenses. In addition, the waiting period for Home Health Care Services is reduced to half of the normal waiting period listed on the data page.

This rider has a Flesch score of 50.

If you should have any questions please feel free to contact me.

Sincerely,

Debbie Scott  
Senior Contract Analyst  
Corporate Compliance and Market Conduct  
OneAmerica companies  
Phone: 1-877-285-7660 extension 7837  
Fax: 317-285-5510  
Email: ProductCompliance.CorporateCompliance@oneamerica.com

Enclosure

## **Company and Contact**

### **Filing Contact Information**

SERFF Tracking Number: AULD-126787860 State: Arkansas  
Filing Company: State Life Insurance Company State Tracking Number: 46623  
Company Tracking Number: R525  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: International Facility Rider  
Project Name/Number: International Facility Rider/R525

Debbie Scott, Senior Analyst debbie.scott@oneamerica.com  
One America 317-285-7837 [Phone]  
Indianapolis, IN 46206

#### **Filing Company Information**

State Life Insurance Company	CoCode: 69116	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 406	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 35-0684263	
(877) 285-7660 ext. [Phone]		

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#### **Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Life Insurance Company	\$50.00	08/26/2010	39043366

<i>SERFF Tracking Number:</i>	<i>AULD-126787860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46623</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	08/30/2010	08/30/2010

<i>SERFF Tracking Number:</i>	<i>AULD-126787860</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 08/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AULD-126787860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46623</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Readability Certification		Yes
<b>Form</b>	International Facility and Home Health Care Services Shortened Waiting Period Rider		Yes

SERFF Tracking Number:	AULD-126787860	State:	Arkansas
Filing Company:	State Life Insurance Company	State Tracking Number:	46623
Company Tracking Number:	R525		
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## Form Schedule

Lead Form Number: R525

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R525	Policy/Cont International Facility ract/Fratern and Home Health al Care Services Certificate: Shortened Waiting Amendmen Period Rider t, Insert Page, Endorseme nt or Rider	Initial		50.000	International Facility and Home Health Care Services.pdf

The State Life Insurance Company  
[P. O. Box 406  
Indianapolis, IN 46206]

## INTERNATIONAL FACILITY AND HOME HEALTH CARE SERVICES SHORTENED WAITING PERIOD RIDER

This rider is part of **your** base **policy**. The effective date of this rider is the same as the effective date of **your** base **policy** unless otherwise stated. This rider will not change, waive or extend any part of **your** base **policy** except as set forth herein.

By attachment of this rider, the base **policy's** exclusion for eligibility for qualified **long-term care services** received outside of the United States is removed.

We will pay benefits for qualified long-term care services received in an **International Facility** if an **insured** qualifies under the conditions defined in this rider and if the **insured** is receiving qualified **long-term care services** in an **International Facility**. The payment will be 100% of qualified **long-term care services** not to exceed 50% of the monthly benefit limit. Any payment for care received in an **International Facility** will reduce the death benefit of **your** base **policy** by a like amount.

“**International Facility**” is defined as an institution, not excluded below, that:

- 1) Is located outside the United States;
- 2) Is a facility, operating in accordance with all laws applicable within the jurisdiction in which it is located, that is engaged primarily in providing continual (24 hours-a-day, every day) **nursing care** to all of its residents or inpatients; and
- 3) Satisfies all of the following conditions:

To satisfy this **International Facility** definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- 1) Provide such **nursing care** in accordance with the authority granted by a license or similar accreditation acceptable to **us** that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which benefits would be payable under the terms and conditions of this rider;
- 2) Employ at least one full-time (employed at least 30 hours per week) Graduate Nurse;
- 3) Have a Graduate Nurse on duty or on call in the facility at all times;
- 4) Have an awake employee on duty in the facility that is:
  - (a) trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform **activities of daily living** or **severe cognitive impairment**; and
  - (b) aware of the whereabouts of the residents;
- 5) Provide three meals a day and accommodate special dietary needs;
- 6) Have arrangements with a duly licensed **physician** or Graduate Nurse to furnish medical care and services in case of an emergency;
- 7) Have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- 8) Have accommodations for at least ten (10) resident inpatients in that location.

For the purposes of this definition, a Graduate Nurse is a person who has completed an extensive post-secondary nursing care training program and holds a current license to provide skilled **nursing care** to sick or infirm individuals under the direction of a licensed **physician**.

The definition of an **International Facility** does NOT include any of the following:

- 1) A facility that does not satisfy the above definition and conditions;
- 2) A clinic or hospital;
- 3) A sub acute care or rehabilitation hospital or unit;
- 4) A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- 5) The **insured's home** or place of residence in an area used principally for independent residential living (including, but not limited to hotels, motels, retirement homes, boarding homes and adult foster care facilities); and
- 6) An adult residence establishment or environment, which is substantially similar to the above.

### **Eligibility for Payment of Benefits for an International Facility**

In order to receive payment for qualified **long-term care services** provided in an **International Facility** under **your base policy**, an **insured** must meet the following requirements:

- 1) Provide **proof of loss**, satisfactory to **us**, that an **insured** is **chronically ill**;
- 2) Be eligible for benefits under **your base policy**;
- 3) Satisfy the **waiting period** shown on the **policy** data page; and
- 4) Provide a written **plan of care** that includes the qualified **long-term care services** needed.

Payment of this benefit is subject to the following conditions:

- 1) Payment will only be made to **you** in the lawful money of United States of America currency. Any foreign exchange rate will be determined by **us**;
- 2) **You** may not assign this benefit;
- 3) This benefit is not available in localities that at the time care is provided are the subject of any Office of Foreign Asset Control sanctions programs or have been identified by the Financial Action Task Force (or its successor) as a high-risk or non-cooperative jurisdiction;
- 4) **We** must receive **proof of loss**, satisfactory to **us**, that an **insured** has met all of the requirements stated above. **Proof of loss** must be provided and if not in English, an English translation, must be submitted with the original non-English **proof of loss**. The expense of fulfilling the **proof of loss** requirement shall be borne solely by **you**. Required additional documentation for **proof of loss** for care received in an **International Facility** shall include, but is not limited to:
  - (a) A copy of an **insured's** passport which must be stamped, a visa, airline ticket or other proof acceptable to **us** that an **insured** was in the country in which care was received at the time care was received; and
  - (b) **We** may require that the **proof of loss** be provided at any time. However, **we** will not require this more frequently than monthly.

**Payment Limitations:** The amount of the benefit for care received in an **International Facility** is limited to 50% of the monthly benefit limit. Payment is subject to the **waiting period**, the monthly benefit limit and the maximum benefit shown in Section A of **your base policy**. If an **insured** is


receiving care in an **International Facility**, an **insured** cannot receive any other qualified long-term care benefits under the base **policy** for the same period of time.

#### **Home Health Care Services Shortened Waiting Period**

By attachment of this rider to **your** base **policy** the **waiting period** for qualifying **home health care services** will be one-half the number of days as listed on the **policy** data page.

All eligibility requirements will have to be met by an **insured** as stated in the base **policy** under the provision "Eligibility for the Payment of Benefits" in order to receive **home health care services** benefits.

**Signed for the Company by,**

A handwritten signature in black ink, appearing to read "Thomas J. Ford", written in a cursive style.

Secretary

SERFF Tracking Number: AULD-126787860

State: Arkansas

Filing Company: State Life Insurance Company

State Tracking Number: 46623

Company Tracking Number: R525

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: International Facility Rider

Project Name/Number: International Facility Rider/R525

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Compliance Cert..pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Readability Certification

**Comments:**

**Attachment:**

READCERT- New AC Rider.pdf

**STATE OF ARKANSAS**

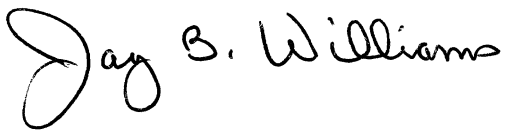
**CERTIFICATION**

CARRIER: THE STATE LIFE INSURANCE COMPANY

SUBMISSION: International Facility and Home Health Care Services Shortened Waiting Period Rider, R525

DATE: August 26, 2010

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style, with the first name "Jay" being more prominent and stylized than the last name "Williams".

Jay B. Williams

Name

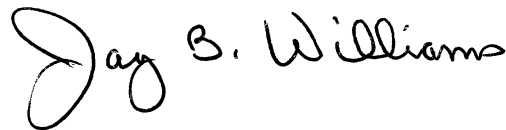
Vice President and Director of Compliance

Title

## CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Director of Compliance of The State Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

<u>FORMS</u>	<u>READABILITY SCORE</u>
R525	50.0



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Jay B. Williams  
Vice President and Director of Compliance